

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09807112
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
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9		1		1		
10		1		1		
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12		1		1		
13	1		1			
14		1		1		
15		2		2		
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50						
TOTAL IND.			3			
TOTAL DEP.			24			
TOTAL CLAIMS			27			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						